MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AS FILED AFTER AFTER (703) 305-8421 1"AMENDMENT 1 AMENDMENT AS FILED AFTER IND. DEP. IND. AFTER DEP. IND. I"AMENDMENT DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. <u> 16</u> <u>33</u> TOTAL IND A TOTAL IND TOTAL DEP <u TOTAL DEP TOTAL PTO . INCO CRESS TIMES U.S. DEPARTMENT OF COMMERCE